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COMMITTEE ON HEALTH AND HUMAN SERVICES  
January 21, 2005  
LB 205, 246, 243, 244

The Committee on Health and Human Services met at 1:30 p.m. on Friday, January 21, 2005, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB 205, LB 246, LB 243, and LB 244. Senators present: Jim Jensen, Chairperson; Dennis Byars, Vice Chairperson; Doug Cunningham; Philip Erdman; Gwen Howard; Joel Johnson; and Arnie Stuthman. Senators absent: None.

SENATOR JENSEN: First of all, this is a public hearing. The proceedings are transcribed and recorded, and if you are carrying a cell phone, I'd ask that you turn the ringer off. Also, when you come up to testify, there is a testifying sheet that you can find over here on this cart, and if you would fill that out ahead of time--looks like this--and when you come forward, please drop it into the wooden box on top of the testifier's table. Also, when you do come up, then, give us your name, spell your last name for us; again, so we have it correct for the transcriber, and then tell us if you are representing yourself or a corporation or another entity, so we can have that also on the record. We take proponent testimony first, opponent testimony second, and then neutral testimony third, if there should be any. Please also know that this is bill introduction time, and so we have senators who may be in other parts of the building opening on bills, just as there are senators here that will be doing that. Or if you see a senator get up and leave his position here, it's not because he's disgraceful, it's because he's got other duties that he must perform. I have the second bill up in Revenue this afternoon, whenever that comes up. I'll introduce you to the senators that are here, and then we'll begin the proceeding. To my far right over here is Senator Phil Erdman from Bayard, Nebraska; next to him Senator Doug Cunningham from Wausa; next to him is the Vice Chairman of the committee, Dennis Byars from Beatrice; to my immediate right is Jeffery Santema, who is the committee counsel; I'm Jim Jensen from Omaha, serving as Chairman. To my left for today, and today only, is Pauline Bulgrin, who is actually the clerk of the Transportation Committee, but because the clerk of the Health and Human Services Committee is attending a funeral this afternoon, she willingly decided to, or was coerced or however we do that, anyway, to sit in with our committee,

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and we certainly do appreciate that, Pauline. Then next to her is Senator Joel Johnson from Kearney, and Senator Arnie Stuthman from, really, Platte Center or Columbus, Nebraska. Senator Howard, I'm sure, will be in a little later. With that, we are ready to start on our agenda. We'll take the bills in the order that they appear, and we have here with us Senator Engel to introduce LB 205.

LB 205

SENATOR ENGEL: (Exhibit 1) First of all, good afternoon, Senator Jensen, members of the Health and Human Services Committee. I am Senator Pat Engel of the 17th Legislative District, and I'm here to introduce LB 205. This bill deletes from the statutes language concerning Developmental Disability Regions. Present law, Section 83-1212, which the bill deletes, states that if a district fails to meet statutory requirements concerning certification and accreditation, all equipment and property shall be returned to the state Department of Health and Human Services. The regions are now interlocal agreements with state contracts to provide services. While the state provides nearly 90 percent of their operating funds, HHS rules and regs do say that construction of buildings or alterations or renovations of such buildings are unallowable, as far as funds administered by HHS. Therefore, the regions feel that the present state law would allow their buildings to also be transferred to the state. Further, the regions feel that once the state has contracted for services, while it's up to the receiving entity to fulfill the requirements of the contract, any equipment or supplies, office furniture, computers, copy machines, records, other than actual patients' records, should not revert to the state Department of HHS. Now the sixth regional council, the one that includes my district, Region IV, states in their bylaws that any remaining buildings or equipment shall revert to the county or another qualified nonprofit organization. Now no region has ever been dismantled due to noncompliance with our law, Section 83-1217, concerning their certification and accreditation. So with that, I will be followed by Alan Zavodny who is of NorthStar Services. He will expand on my testimony and answer any questions you might have concerning this. I'd be happy to try and answer any other

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questions you might have.

SENATOR JENSEN: Does anyone have any questions for Senator Engel? Will you stay for closing or...

SENATOR ENGEL: I might not, I have some...but I'll try.

SENATOR JENSEN: All right, thank you.

SENATOR ENGEL: Thank you.

SENATOR JENSEN: First testifier in support, then, please.

SENATOR ENGEL: Thank you very much.

SENATOR JENSEN: Thank you.

ALAN ZOVODNY: Good afternoon.

SENATOR JENSEN: Good afternoon.

ALAN ZAVODNY: (Exhibit 2) Senator Jensen and members of the Health and Human Services Committee, for the record, my name is Alan Zavodny, A-l-a-n Z-a-v-o-d-n-y. I'm the chief executive officer for NorthStar Services. NorthStar Services provides supports for 395 Nebraskans with developmental disabilities. We are an interlocal organization of 22 counties in northeastern Nebraska. First of all, let me say thank you to Senator Engel for bringing LB 205 forward. The idea for this action came about when our member counties were looking at what would happen if county involvement in services for the developmentally disabled would cease. That is a scenario that becomes more likely if the Legislature does pass LB 521 this year. Let me give you some quick history. In 1991 the Legislature passed LB 830, which later became the Developmental Disability Services Act, or DDSA. At that time, Health and Human Services had two major concerns that were reflected in Section 83-1212 of the Nebraska Revised Statutes. The two sections that we're asking you to repeal were put into place to address these concerns. Paragraph 1, which is attached to my testimony as Appendix 1, allows for property of the region to be transferred and delivered to the department. This was necessary when the six regions were the primary

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providers in the state. Since that time, many more providers have been established, and the state would not have the worry of having to go in and provide services if a regional provider were to cease. This statute unfairly targets the six original regional providers, because it does not address private providers, but it also suggests that the statute might not be constitutionally enforceable. I think that it would be difficult for the department to make claim on this property, since in addition to state general funds, the counties, the federal government, and other revenue sources have all been used to accumulate this property. This statute has never been called upon, and even when the state moved to decertify Region III, it did not claim the property. Our member counties maintain that the regulations of Health and Human Services Title 205, Chapter 3, Section 008 under unallowable costs state that "costs which are determined to be unallowable and not eligible for payment by developmental disabilities funds administered by the department include but are not limited to" and then it goes to 008.11 "construction of buildings, alteration and renovation costs that constitute new construction, Such alterations and renovations of exterior walls, roofs, and floors or completion of unfinished shell space to make it suitable for human occupancy." I've included that as Appendix 2 to my testimony. We have been extremely careful to be sure that only county funds and room and board revenues have been used for these purposes. We think that it is bad public policy for the department to claim this property when we are forbidden to use department funds to acquire it. The second paragraph was necessary when the role of services coordination became an administrative function of the state and all of these employees became state employees. This was a transitional need and office space has not been provided by providers since the mid 1990s. We are required in our contract with the state to have access to observe operations of our programs, and that's Appendix 3 to my testimony. In closing, we ask you to advance LB 205 out of committee and to support it as it advances through the steps toward passage. Thank you for your consideration.

SENATOR JENSEN: Thank you, Alan. Any questions from the committee? Senator Stuthman?

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SENATOR STUTHMAN: Thank you, Senator Jensen. Alan, the facilities--the newly constructed facilities in Columbus, NorthStar Services, that building is owned by the region, or by an individual?

ALAN ZAVODNY: They are owned by the interlocal--it will be the counties.

SENATOR STUTHMAN: By the interlocal agreement?

ALAN ZAVODNY: Right. We use the county contributions--we earmark all of that money to be used for buildings. And a lot of times we have to do renovations to make them either accessible or to meet fire marshal standards, so we're very careful to keep those funds separate, so we don't use the state and federal money to do those kinds of things.

SENATOR STUTHMAN: Okay, thank you.

SENATOR JENSEN: Any other questions from the committee? Yes, Senator Cunningham?

SENATOR CUNNINGHAM: It seems like a simple bill, but I'm still not certain I understand it completely. When it talks about the repeal, it talks about all furniture, equipment, books, files, records, so where would that revert to?

ALAN ZAVODNY: Well, and that's a question that I think has brought about a bunch of debate, so I'm glad you asked it. To sit here and tell you I'm totally clear on what would happen with that, our belief would be that it--our bylaws are written in such a way that it allows for that property to be distributed. And it has to be to a recognized 501(c)3, because no one individual owns it, if we totally disbanded. The big concern, I think, our counties had were, over the years the buildings and those kinds of things, but the other property does become an issue. What do you do with all the computers? What do you do with all the desks, the chairs? The likelihood of this coming about, I think, is slim, and we just thought it makes government smaller. I've never come before you to ask for that before, so it's new territory for me. I kind of like it. So I can lighten your load by two paragraphs in statute. That's about all I can do.

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SENATOR CUNNINGHAM: And I've probably never said anything against that before, but I wonder where would the files and the records go?

ALAN ZAVODNY: I think they would follow the people that would still be needing services, because the way it was changed--and I would say for the better--the way services are now, money follows a person. They have a choice of a wide variety of providers across the state of Nebraska. So when someone would choose a new provider, all the information that would be needed to provide them good services--old medical records, doctor records, different programming things that have been done over the years--would follow the person.

SENATOR CUNNINGHAM: Okay, thank you.

SENATOR JENSEN: Alan, but none of these properties were funded by the state; is that what you're saying, or none of the...

ALAN ZAVODNY: No, that's not entirely true. The state does allow for the desks and computers, and some of those administrative costs. It does not allow for the bricks and mortar for renovations of properties. The unfortunate part about it is, in our business, a lot of times renovations are necessary to make them accommodating for a person with a developmental disability. That might be as simple as a ramp--since July 1 the fire marshal has required sprinkler systems in all CDDs that become available. So we're really talking almost about two different properties. Part of it the department did pay for, and I actually anticipated that question, so I'm glad you asked, because the one thing I liken it to is, the department has paid providers a rate, based on the hours they provide. My question would be--I don't know of any other instances where once, if we fulfill our end of the contract, that they would still have claim to property, once it's been paid for by the provider. I don't know how they could claim that. That's an interesting question to me.

SENATOR JENSEN: Well, I think about that. You know, I think we as a state are encouraging interlocal agreements as

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much as we can. And certainly, anywhere where I have traveled around the state and seen collaborative efforts made by counties, communities, cities--whatever it is, I like what I see. I like the one-stop type of a facility. But then if they disband, I really don't--I don't know if the state has a method to do that. We have some public health offices that we've set up across the state. Should they ever disband, where does that go? I really don't know that, either.

ALAN ZAVODNY: That's probably something we need to take a look at. I don't--you know, it's one of those things that you don't worry about until it would happen...

SENATOR JENSEN: No.

ALAN ZAVODNY: ...and then it's almost too late to say, we never really thought about what would happen to that, if that happened.

SENATOR JENSEN: Interesting. Yes, Senator Cunningham?

SENATOR CUNNINGHAM: Wouldn't it make more sense to have the building returned to the county or the local, and the equipment and the records go to the state?

ALAN ZAVODNY: Well, I think clearly it makes sense for the buildings to go to the counties, the member counties. The equipment, again, I think the issue becomes, once it's been paid for--once the state has paid the provider, then it probably becomes the property of someone else. I don't know that the state really has a reasonable claim to that. And in my talks with people from HHS, they're saying, you know, we don't have a big problem with what you're doing, because we don't want your old desks and that kind of stuff. That's not going to help us a whole lot. But I think there probably needs to be some tightening of what does happen to all that stuff. It hasn't happened yet, but we spend a lot of time trying to fix problems that we haven't anticipated, so we're trying to do the looking ahead part, to make sure that we're clear that if something would happen, that the counties would choose how to disburse that property.

SENATOR CUNNINGHAM: I still have a little bit of problem

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with some of it, so...

SENATOR JENSEN: Any other questions from the committee?  
Thank you, Alan.

ALAN ZAVODNY: Thank you.

SENATOR JENSEN: Anyone else wishing to testify in support?  
Anyone in opposition? Anyone in a neutral capacity?  
Senator Engel, do you wish to close?

SENATOR ENGEL: Beings as I'm still here, I will. First of all, I'd like to thank you for listening, and again, this hasn't been a problem and it might not be a problem, but if it ever occurs, I think we should be prepared as far as the buildings are concerned. And as far as the personal property, Senator Cunningham has a problem with that. I think that's something--and you mentioned a few other areas. It's something that should be brought to our attention, because if this does happen in the future, we should have a solution, instead of after it happens, what do we do? So with that, I want to thank you for your time and I'd like to ask you to advance the bill.

SENATOR JENSEN: Okay, thank you. That will conclude the hearing on LB 205. The next bill is LB 246. Senator Johnson?

LB 246

SENATOR JOHNSON: (Exhibit 1) Senator Jensen, members of the Health and Human Services Committee, I'm Senator Joel Johnson, J-o-e-l J-o-h-n-s-o-n, representing the 37th District. I come before you today to ask your consideration of LB 246. The background for this bill is this, is that I was approached with a situation that occurs in our area, but we thought was probably a statewide problem, as well. And what it is is this, is that we have a facility in our community which is relatively good sized, 60 to 65 miles away from us is the community of Callaway. They have a facility of about 30 beds. They have problems obtaining or maintaining quality administrators in this satellite facility. I think, on the other hand, there's



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also the aspect that if you have a nursing home facility of relatively small numbers of 30, and it costs you \$50,000 to \$60,000 per year for administration with the resident administrator, you now are up to about \$2,000 per bed of overhead that might not be necessary. In looking into what the statutes now are about this, having the administrator at the larger facility in Kearney also act as the administrator for the smaller facility, it's illegal. Many years ago, best we were able to tell--I believe it was in Hebron, but it could have been, really, any community--there were two nursing-home type of facilities that were across the street from each other. They saw the advantage of having one administrator, so when the law was put in so that they could have one administrator, they put in other conditions. One of the conditions was that it had to be within 10 miles of each other. And that's where we really run into the problem, is not just the ability for one administrator to serve two, but that they have to be in such close proximity. In our community, and I suspect that all of you can find ones in your areas, as well, the facility in Kearney could not have an administrator serve a facility in Gibbon that is 11 miles away, and maybe 12 minutes away. So what we looked into is how can we make this reasonable, and I think one of the things that stimulated me to look into this is that this really is economic development, or rural maintenance of economic development, because the nursing home in Callaway is in the position where if they cannot maintain their facility with less administrative costs, it may well close. If it closed, then will there be a domino effect, where the drugstore closes and their hospital and so on? So what we have done with this bill is to try and put in what we thought were reasonable changes. Now what our reasonable changes were is this, is that--and we left these at the discretion of the board that oversees this. I have a letter here from Dr. Raymond that says that, you know, we need to be more specific. (Exhibit 2) I attempted to get ahold of Dr. Raymond this morning. He's in Philadelphia and when he gets done at Philadelphia, he's going someplace else till about the middle of next week. But what we will propose to him is this--let me answer his specific questions. "The following changes are recommended for clarity and to facilitate more efficient administration: 1) specify the permissible mileage distance between nursing homes in which a person could be administrator." Frankly, I disagree with

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him there, on putting in one mileage number that we are taking out and putting in a new one. Would it not be more appropriate to put time, instead of mileage? And so I would--and I'm going to request his approval of this--is to change it to approximately one hour travel time between the facilities. The next thing that he suggests is that we should set the limit on the number of nursing home facilities that that administrator would be capable of managing. And I would suggest that an administrator could function over three smaller facilities. I'd be interested in Senator Cunningham's thoughts about that. Now here is some significant language changes that were made in the bill. He called them to our attention. I think we were wrong. I have conversed with the people who are in support of this, and they are agreeable to these changes that Dr. Raymond suggests. Here they are. "Additionally, the bill would remove the words 'full time and responsible' and insert 'oversee' which is less specific." I think he's right. We want to get rid of the full time, but even there, maybe we should change the words "full time" because that would--there's some connotation there--you're still full time, even if you're managing two facilities a relatively short time period away. You're still full time and there's no question, you should be responsible. So I think that we need change in our wordage there, which I think we are all agreeable to. And I think that that's the essentials of what we're attempting to do here, is just to make the administration of smaller facilities less expensive and modernized with the technology and so on that's available today. I'll answer any questions, or attempt to.

SENATOR JENSEN: Thank you, Senator Johnson. Any questions from the committee of Senator Johnson? Senator Cunningham?

SENATOR CUNNINGHAM: I don't really have a question, Senator Johnson. I agree with what you're doing. I think we need to do all we can for rural Nebraska, but I do also agree with Dr. Raymond's letter. There maybe needs to be some specifications as far as time, maybe, and you might clarify that. When you say an hour, does that mean legally an hour, or just an hour? (Laughter)

SENATOR JOHNSON: Well, I said approximately, so you can adjust as you would. If I could ask a question from here,

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could I get a response from you of what you would think, from your perspective, is a reasonable number of facilities that one person could administrate?

SENATOR CUNNINGHAM: Well, I really don't know that I'm the one to answer that. I don't have the expertise in the area, but...I really don't know. You've proposed three, and I'm not someone that's going to offer some other advice. That sounds reasonable.

SENATOR JOHNSON: Okay. All right. Well, I know you have some knowledge of this, so that's why I suggested...I'm sorry.

SENATOR BYARS: Thank you. Senator Cunningham? I mean, Senator Stuthman?

SENATOR STUTHMAN: Thank you, Senator Byars. Senator Johnson, is the main reason for this the lack of administrators, or the possibility of looking into the future of lowering the cost?

SENATOR JOHNSON: Well, Senator Stuthman, I think it's both. The people who brought this to my attention say that they definitely have difficulty in obtaining quality people that they can retain. And so, I think it's both that, but I really, as I looked into it, think that it's a way of maintaining the economic viability in these smaller communities. I don't know how many people would be employed by a nursing home facility with 30 beds, but it would be significant in a smaller community. So I think it's definitely both.

SENATOR STUTHMAN: I have a real concern with putting any time frame or mileage or anything like that, because in my experience, some individuals could administer two or three, where others don't have the capability of only managing one, you know, even if the distance is 50 miles apart. Some individuals might be able to be a good administrator for both facilities. So I don't like to restrict that. I feel that it should be up to the nursing home, the group, or the board of directors, to make that decision.

SENATOR JOHNSON: Well, we agreed with you on that, and

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that's why we deliberately left that out originally. But it's the suggestion of Dr. Raymond that we might incorporate this in, so rather than leaving it out and at the discretion of the board, we thought we would put in guidelines, if you will, in the bill.

SENATOR STUTHMAN: Okay, thank you.

SENATOR BYARS: Thank you, Senator Stuthman.  
Senator Cunningham?

SENATOR CUNNINGHAM: Yes. Senator Johnson, do you know, how often is a nursing home surveyed by the state? Is it once a year, or is it...

SENATOR JOHNSON: I can't answer that. I think it's once a year, but I don't know that for sure.

SENATOR CUNNINGHAM: You know, you could always go with what Senator Stuthman says. If during the survey the quality wasn't there, you lose the ability to do that. But the problem is, you might have one year's worth of bad quality of healthcare before that happens, so there's a concern there.

SENATOR JOHNSON: Yes, but I think we could also state that relatives and friends of the person who is in the nursing home also still have the ability to file complaints, and frankly, in those smaller communities, word of mouth of bad quality spreads very well, and may be the most effective tool to maintain quality.

SENATOR BYARS: Senator Stuthman?

SENATOR STUTHMAN: Thank you, Senator Byars. Senator Johnson, is there a different level of license to administrators of assisted living places and licensed nursing homes, or can one do both, or will one license take care of another one?

SENATOR JOHNSON: Senator Stuthman, I don't know.

SENATOR STUTHMAN: Okay, maybe someone following you might know.

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SENATOR JOHNSON: I think someone else will be able to.

SENATOR STUTHMAN: Okay. Okay, thank you.

SENATOR BYARS: Thank you, Senator Johnson. Will you be closing, Senator Johnson?

SENATOR JOHNSON: I think I'll be here, yes.

SENATOR BYARS: Okay. Proponents? Welcome to the Health and Human Services Committee.

JEN MYERS: (Exhibit 3) Thank you. Good afternoon. My name is Jen Myers, and it's spelled J-e-n M-y-e-r-s, and I'm the executive director of the Good Samaritan Communities of Nebraska in Callaway, Gibbon, and Kearney. The Evangelical Lutheran Good Samaritan Society operates nursing facilities and assisted living facilities throughout the nation and operates 22 nursing facilities and 15 assisted living facilities in Nebraska. I am testifying on behalf of the Society today. We want to formally thank Senator Johnson for introducing LB 246 and for listening to and working with the Society and other long term care providers on this bill. As you are aware, LB 246 changes provisions to the current nursing home administrator statutes. LB 246 proposes changing Nebraska Statute 71-6054 to remove the restriction that a licensed nursing home administrator may only oversee the operations of more than one licensed facility, if the facilities are located within 10 miles of each other, and the combined number of licensed beds does not exceed 65. LB 246 removes this restriction and authorizes the administrator to make application to the Board of Nursing Home Administrators for the authority to oversee the operations of more than one facility, or to act in the dual role of an administrator and a department head, without a mileage or combined licensed bed restriction. The Board of Nursing Home Administrators may consider the proximity of the facilities and the number of licensed beds in each facility when reviewing the application. The society is in favor of this bill for several reasons. The reasons include employee retention and quality leadership, improved quality care and improved customer satisfaction, and potential cost savings. In a nursing facility, our customers are the

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residents and their families. As a result, the society conducts research on customer satisfaction. In states where an administrator may act in a dual role or manage two or more facilities, the society has been particularly concerned about the quality. The society's research in Austin, Minnesota, where the administrator and director of nursing share a combined role, demonstrated that the facility received a greater than 90 percent approval rating in the "good" or above from 2000 through 2004. In Oklahoma, where the administrators are shared between more than one facility, the overall customer satisfaction increased and more than 90 percent of the residents believe that the facilities are good. In Minnesota, the facilities in Waterville and St. Peter share an administrator, and consumer satisfaction approval ratings in both these facilities are good or above in more than 90 percent of the cases. The society has experienced shared administrators in Minnesota, North Dakota, Kansas, and Oklahoma. In all states, the consumers' satisfaction surveys demonstrate an increase in satisfaction with administration. We like to credit this to consistency between facilities and having the ability to put better individuals in the role of an administrator. In addition to increased consumer satisfaction, employee turnover has actually decreased. We believe that the decrease in employee turnover is due to the more consistent administrator. For example, as executive director of the Kearney region, I am in charge of the Callaway, Gibbon, and Kearney nursing facilities owned and operated by the society. In Callaway, there has been a turnover in administrative staff to the point where the direct care staff has not had a performance review in over three years. The administrators of the Callaway facility have been moving to bigger and better facilities, with opportunity for advancement. If I were able to have one of the administrators in Kearney also be an administrator in Callaway, it would allow one of my Kearney administrators to take an additional responsibility and keep the continuity of administrators in place. Also, it would allow us to combine services and centralize certain functions like business office, human resources, and staff development. The data from Minnesota also shows a decrease in staff turnover. For example, the facilities in Glenwood and Hoffman, Minnesota, share an administrator. In those facilities, the staff turnover decreased by more than 10 percent between 2002

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and 2003. The same decrease can be said for the other facilities in Minnesota, as well as the facilities in Oklahoma. Along with the decrease in staff turnover and an increase in consumer satisfaction comes a decrease in cost. Every time an employee leaves the building, it takes staff time and money to retrain someone. Staff time spent training a new employee may mean less time spent visiting with a resident, comforting a resident, or participating in an activity with a resident. Also, if monies were freed up at the administrative level and we were allowed to combine administrative staff, the society could spend money on its direct care staff by providing education and improving it, raising wages or hiring additional staff. As the nation's largest not-for-profit longterm care organization, our mission really is to provide shelter and supportive services to older persons and others in need. The son of the society's founder identified four hallmarks that characterize the society: Christ centeredness, resident centeredness, staff centeredness, and community centeredness. The resident centeredness and the staff centeredness is exemplified by the satisfaction surveys, and we do these annually. In Nebraska in 2004, the surveys of the staff and residents and the families, all gave a greater than 90 percent approval rating for the care and work environment of our Nebraska facilities. Allowing the LB 246 to pass would assist us in our mission to the community centeredness. The society has operated in rural centers since its inception in 1923, in Arthur, North Dakota. However, due to cuts in the Medicaid budget and additional requirements from the federal government, some of our centers in rural Nebraska face extinction. We have a real commitment to the communities in which our facilities are located, and we are truly seeking all options to remain resident and community centered while providing the best quality of care possible. If we are not able to combine services and employee roles, the society will be forced to close nursing facilities in rural Nebraska. I have discussed with business owners and residents in Callaway, Nebraska, this possibility. The nursing facility in Callaway is one of the largest employers and contributors to the economy. Residents of the town are very concerned about the possible closure. And I do want to share that I just received the 2004 operating--or the year end operating statements for this facility, and in December, this facility

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lost \$38 per resident, per day, in Callaway. So it is very, very serious. LB 246 is one way to continue to provide nursing facility services in Callaway. The society believes that the small change in LB 246 will assist us in keeping nursing homes in these communities for the benefit of the people who live there. Thank you for your attention this afternoon, and if any of you have any questions, I'd be happy to answer them.

SENATOR BYARS: Thank you, Ms. Myers, for your testimony. We appreciate that very much. Questions on the part of the committee? Senator Stuthman?

SENATOR STUTHMAN: Thank you, Senator Byars. Jen, in the question I asked before, is there a shortage of administrators, or is it--and it would be beneficial if one could do it for many more, and that would realistically help, in my opinion. If you're losing \$38, maybe you would only lose \$30 the next year.

JEN MYERS: Yes. And in fact, we've--the shortage is very real, and there's been several occasions that we have taken, which is an awesome opportunity for our employers, to grow our own and to give people the opportunity to learn and grow and become educated, and take on these roles. But in several of our rural facilities, because we haven't had the option to share administrators, we've taken some of the staff, maybe office staff, people that have been doing the bookkeeping in the buildings, and provide training to them to take on this role as administrator.

SENATOR STUTHMAN: Do you feel that one administrator could handle three facilities, or not?

JEN MYERS: I think, depending upon the situation and the size of the facilities--which is why I think it's wonderful that we put in a safeguard that it would go in front of the nursing home board of administrators and let them make that decision, because I do think it has to be on a case-by-case basis, based on the size, the quality of that administrator, the experience of that administrator.

SENATOR STUTHMAN: Okay, thank you, Jen.



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JEN MYERS: You're welcome.

SENATOR BYARS: Thank you, Senator Stuthman. Any other comments or questions for Ms. Myers? I know we do see that similar situation in Beatrice, in my district, where we have the Wymore facility, Good Samaritan facility, which sits like 12 to 14 miles from the Beatrice facility, and then we also have a Good Samaritan assisted living facility. So we have those three facilities, basically, within that geographical distance, and I know how they've struggled with how to administer that particular situation, so I certainly understand what you're doing.

JEN MYERS: Thank you.

SENATOR BYARS: Thank you very much.

JEN MYERS: I do want to share, if you don't mind me just sharing--because we haven't seen it in Nebraska, so we haven't been able to share. But I have had a recent example where, because I now oversee all these facilities, I've asked an assisted living manager at the Kearney center--we have a small assisted living--to oversee the one that we have in Gibbon, as well, and with that change in leadership and having that consistency and the continuity between those two people, we now have full staff, because she has a vested interest in both facilities, and so she's sharing staff between the two. Policies and procedures are consistent between the two. Actually, our census has increased, because when we're full over here, she's referring residents over here. And so, there are so many possibilities.

SENATOR BYARS: Thank you very much for your testimony.

JEN MYERS: You're welcome. You're welcome, thank you.

SENATOR BYARS: Before the next proponent comes forward, welcome to Senator Gwen Howard, who is just joining us. As Senator Jensen, we'll have senators coming in and out as they introduce bills in other committees. Proponents? Next proponent of LB 246? Welcome, Senator.

ARDYCE BOHLKE: Thank you, Senator Byars. For the record, my name is Ardyce Bohlke, A-r-d-y-c-e B-o-h-l-k-e. Since

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not being here, I have become an employee of Good Samaritan Village; I'm the director of resource development in Hastings, and so that's how this came to my attention. Knowing this, I have officially sent in my registration to lobby on this for the Good Samaritan Village. All of you know much more about healthcare, certainly, than I do. My job is to raise money for Good Samaritan Village. But I think this is really a significant issue for rural economic development, for our rural communities, and for community services. As you've heard, behind the schools, more than likely in many of our small communities, the long term nursing care facility would be the next biggest employer. The one thing, in listening to testimony, that I may offer to you is that--and, Senator Byars, you will remember instances in education where we have put a mileage factor in, or a particular factor. We then have people measuring from one front door to the other front door, or from the end of the parking lot to the beginning of the parking lot of the next facility, and I would have some of the same concerns with the hourly, but I think it's excellent to have a board of experts who have the flexibility to say, this is our recommendation in this situation, and who have the authority to say, we don't recommend it here. And I do know when people file complaints that there is an immediate procedure that goes into place, and that has to be reviewed, and I believe that would trigger an on-site visit, rather than waiting a year before that would happen. At least I know that is true at the Good Samaritan Village where I am. But with my limited knowledge into the details of healthcare that all of you know, I would be very happy to try and respond to any of your concerns.

SENATOR BYARS: Thank you, Senator Bohlke. I'm not going to say one word about Class I school districts. We're not going to talk about that today. (Laughter)

ARDYCE BOHLKE: All's I said was measuring from one front door to the other.

SENATOR BYARS: Any questions or comments for Senator Bohlke? Thank you for being here, good to have you again.

ARDYCE BOHLKE: Good to see you all, and thank you very

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much.

SENATOR BYARS: Thank you. The next proponent, please?  
Welcome.

KEITH FICKENSCHER: Thank you, Senator Byars. I'm Keith Fickenschier, K-e-i-t-h F-i-c-k-e-n-s-c-h-e-r. I'm president of Tabitha Health Care Services of Lincoln and for the past five months, Tabitha has been under contract to manage Blue Valley Lutheran Homes of Hebron, Nebraska. Blue Valley is struggling financially, and Blue Valley is, as the senator mentioned, the largest employer in Thayer County. The Blue Valley organization consists of two facilities, a 64-bed skilled nursing facility, and a 68-bed locked care home for MR. Under current regulation, Blue Valley has been and is presently required to have a Nebraska licensed nursing home administrator in each of these facilities, which are separated by approximately 170 feet. The south property line of the nursing home is about 170 feet from the north property line of the care home. To put that in perspective, the nursing home administrator's office at Tabitha here in Lincoln is over 400 feet from the furthest patient room, and the census at Tabitha is 75 more than the combined census at Blue Valley in Hebron, and we just have one administrator. This bill will help maintain nursing homes in small rural communities--there's no doubt about it. That isn't even questionable. And I am a member of the Board of Examiners for healthcare administrators in the state of Nebraska, and I'm also a licensed nursing home administrator myself. And in both of those capacities, as a member of the Board of Examiners and as a licensed administrator myself, I strongly support LB 246. I know that it will reduce the administrative costs--the administrator is typically the highest paid person in the facility. They are difficult to find. They are scarce, and especially when you're trying to place them in a small rural community. This bill will reduce turnover of administrators, and if we can maintain continuity of administrators, we can do a better job of maintaining staff continuity, which improves and impacts on quality of care. This bill will keep the small, skilled nursing home facilities open. And I just wanted to make one other point of something that I found out, only since I have become a member of the Board of Examiners, is that the Board of Examiners has a great deal of knowledge about the history

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and the background of individual administrators in the state. And I think it was very wise to put in this bill that this board has a lot of discretion on whether or not Keith Fickenschier, as an administrator, is able to run two facilities. Maybe not, and maybe the next administrator is, and the board is qualified to make those judgments. I think it's an extremely good bill and I strongly urge you to pass it, and thank you for your time.

SENATOR BYARS: Thank you, Keith. We've been rejoined by Senator Jensen.

SENATOR JENSEN: Thank you.

SENATOR BYARS: Senator Jensen, we're still on proponent testimony.

SENATOR JENSEN: All right, thank you. Any questions of Keith Fickenschier? Thank you for your appearance. (Exhibit 4)

KEITH FICKENSCHER: Thank you.

SENATOR JENSEN: Anyone else wishing to testify in support? Anyone else in favor? Anyone in a neutral position? Senator Byars, do you wish to close?

LB 243

SENATOR BYARS: Senator Jensen, members of the Health and Human Services Committee. I am Senator Dennis Byars from the 30th Legislative District, the "caring and sharing" district, here to introduce to you today LB 243. Now as I do have constituents in the audience today, they can go home and tell everybody how much we really do care about their district. (Laughter) Very briefly, this is not a difficult piece of legislation. It follows up on the creation by this committee with its recommendation to the Legislature of the Center of Nursing. LB 243 provides for the continuation of the Center of Nursing, for an additional five years, to the year 2010. The costs associated with the activities of the center would be paid from nursing licensing fees, which makes it cash funded, without relying on General Fund

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dollars. The Board of Nursing itself would determine annually the percent of those nursing fees which would be used for the Center of Nursing activities, not to exceed 15 percent of total revenue. And there's nothing hidden in the bill; it is just that simple, and I would ask you to advance LB 243 to the full Legislature. Any questions?

SENATOR JENSEN: Thank you, Senator. Any questions of Senator Byars? I do have letters of support here from the Nebraska Hospital Association in support (Exhibit 1), also from the University of Nebraska Med Center in support (Exhibit 2). Anyone else who wishes to testify as a proponent, in support?

GLORIA GROSS: Good afternoon.

SENATOR JENSEN: Good afternoon.

GLORIA GROSS: (Exhibit 3) Chairman Jensen and members of the committee, I'm Gloria Gross, G-l-o-r-i-a G-r-o-s-s. I am chairperson of the Nebraska Center for Nursing. I am speaking in favor of LB 243. The center was established in 2000 by the Legislature "in order to address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses." There are 16 members of the Board representing nursing education, a variety of employers of nurses, consumers of nursing care, and both professional and practical nursing organizations. There are three staff members from the credentialing division of HHS. Through a remarkable collaborative effort, the Center has accomplished a broad range of activities in pursuit of our goal, which is to develop a strategic statewide plan to alleviate the nursing shortage in Nebraska. A sample of those activities over the past four-and-a-half years include: sponsoring television advertising across the state promoting nursing as a career; distributing thousands of book covers designed and produced to reach middle school students; promoting strategies to recruit men and members of underrepresented ethnic and racial background groups into nursing; designing and distributing brochures to all EMTs in Nebraska, urging them to consider nursing as a career; distributing thousands of coloring books featuring nurses to grade school-aged children; collecting data on the nursing work force supply

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and demand in Nebraska; cosponsoring a nursing expo with KM3 in Omaha; presenting a workshop on recruitment and retention of nurses for administrators and managers of hospitals and other facilities; and being featured in a television documentary on the Discovery Health Channel Nursing Influence series. The ultimate goal of the center is to develop a forecasting model, in order to predict the needs for nurses and ways to prevent the cycles of shortage experienced in the past. The nursing shortage continues and will reach a critical level in the next 5 to 10 years, as the majority of currently licensed nurses retire. The Center for Nursing's activities help raise awareness of the implications of the shortage and assist employers in devising means to address this issue. We believe we have been effective and productive, but we need more time to put into place the processes for ongoing data collection on the nursing supply and demand. These data are vital for health facilities and organizations' planning processes. One of the center's primary focus areas is recruitment and development of adequate numbers of nursing faculty to support increased enrollments in nursing programs. We've been very successful in increasing recruitment into nursing programs. This activity will require long term efforts. The center is developing a projection model that can be applied to existing Nebraska demographics to predict the future need for nurses. This model will be used to help achieve a steady supply of nurses for the state. The model should help us avoid the cyclical shortages and so-called oversupply that have occurred in the past. We do not anticipate that we will need to exist indefinitely. The goal is to establish an infrastructure within the Credentialing Division in the Department of Regulation and Licensure to provide ongoing support for activities currently undertaken by the Center for Nursing. LB 243 provides that funding for the Center for Nursing would be derived from credentialing fees of registered and practical nurses. This is a common method of funding nursing centers around the country. No general funds would be used for this purpose. Nurses are by nature frugal, and we think we've demonstrated that we can accomplish goals operating within a budget. The Board of Nursing has indicated that they think they can conserve expenditures in order to allow this without raising licensing fees. We strongly urge you to support LB 243 to fund the Nebraska Center for Nursing for

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an additional five years. And we do thank you, Senator Byars, for introducing this. Thank you.

SENATOR JENSEN: Thank you, Ms. Gross. Any questions from the committee? Yes, Senator Stuthman?

SENATOR STUTHMAN: Senator Jensen. Gloria, was this--when this center was established in the year 2000 by the Legislature, was it for just five years? Was that the initial plan?

GLORIA GROSS: It was. It will sunset in July of 2005.

SENATOR STUTHMAN: Sunset in July. Is another five years enough?

GLORIA GROSS: We think so, yes.

SENATOR STUTHMAN: Okay, thank you.

GLORIA GROSS: Um-hum.

SENATOR JENSEN: Thank you. Any other questions? Thank you for your appearance.

GLORIA GROSS: Thank you very much.

SENATOR JENSEN: Good afternoon.

NANCY GONDRINGER: (Exhibit 4) I have some examples of what the center has done, so if you'd like to pass those around, because these are some of the outputs that we've had. Good afternoon, Senator Jensen and members of the committee. My name is Nancy Gondringer, N-a-n-c-y G-o-n-d-r-i-n-g-e-r, and I'm a member of the Nebraska Board of Nursing and I'm here to speak on behalf of the board in support of LB 243. There is a crisis looming in the near future for Nebraska's health care system. The average age of the Nebraska nurse is 45. Huge numbers of our nurses are in the baby boomer group, as I am. When these nurses reach retirement in the next 5 to 10 years, we will experience a nursing shortage of a magnitude that we have never before experienced. Nurses are just one component of the health care system, but with numbers currently exceeding 26,000, they are literally the

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glue that holds the health system together and keeps it functioning. Five years ago the Legislature acknowledged the impending crisis and established the Nebraska Center for Nursing. The Center has made great strides to accomplish its goals. They have raised the awareness of nursing as an attractive career for young people of both genders and from all ethnic backgrounds. They have recognized the enrollment constraints faced by nursing programs--educational programs--and they have supported the efforts to recruit more faculty and to identify additional clinical resources for nursing education. They have worked with employers to address issues of the workplace environment and identified ways to reward the nurses we have, so we don't lose them from nursing. And finally, they have put into place a plan for ongoing data analysis and development of a predictive model to be able to know in advance where, when and what types of nurses we will need in the future. The Board of Nursing sees the direct effects of the nursing shortages on the quality of patient care. When nurses are expected to care for too many patients, work too many hours, too long of hours, and work too many consecutive days, the error rate rises. The Board of Nursing then is faced with making recommendations related to discipline of the nursing licenses. The Board of Nursing wholeheartedly supports this legislation that will extend the Center of Nursing for another five years. The Board of Nursing also supports paying for the activities of the Center for Nursing out of the nursing licensing fees. We believe we can find ways to conserve expenditures and to be able to do this without an increase in licensing fees. I urge your support of LB 243. I'd like to take one personal moment. I've been a nurse. I was trained in Nebraska. I've been practicing my entire career of 34 years in Nebraska. I have seen personally the output things that have come from the Center for Nursing. I've reviewed their reports, I've shared their coloring books, I've helped recruit people to be in the calendar for both male and female nurses. I've sat in the American Nurses Association general assembly as a member, when they've showed our video clip to the entire nurses across the nation and said, this is what a Center for Nursing can do. I've been with friends when we've seen that same video clip during the basketball tournaments, at basketball season, when we have the tournaments. And they've sponsored that. I personally as a nurse believe the Center for



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Nursing has done valuable things for nursing, and I really, personally and as well as a member of the Board of Nursing, urge your support on LB 243. And thank you, Senator Byars, for introducing it.

SENATOR BYARS: Thank you.

SENATOR JENSEN: Thank you. Nancy, did you see an amendment that was put on this that said no nurse can retire until she's 75? (Laughter)

NANCY GONDRINGER: That must be after I turn.

SENATOR JENSEN: Oh...

NANCY GONDRINGER: I'm one of those people that get grandfathered in, right?

SENATOR JENSEN: Okay, Senator Stuthman?

SENATOR STUTHMAN: Nancy, the question I asked before, you know, is five years enough? I truly don't think it is. You know, yes, we can extend it now with this bill, and I'm totally supportive of it. But I think, you know, it's going to come again. But I just think there's going to be an increasing need, because of the people, you know, that are going to require nursing in these assisted living places and nursing homes, you know, in the next 20 years.

NANCY GONDRINGER: I think that what we're looking for is at least five years, and let us see if we can get our processes in place, and maybe we will be able just to do it on our own. But right now, we really feel that we need an additional five years to be able to have the support from the Legislature. I think it's like a good marriage. Nurses are there, for better or for worse, for richer or for poorer. And we're in this with you for a long term.

SENATOR STUTHMAN: Okay, thank you.

SENATOR JENSEN: Any other questions? Thank you for your testimony. Anyone else wishing to testify in support?

SHIRLEY TRAVIS: (Exhibit 5) Senator Jensen and committee

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members, my name is Shirley Travis, S-h-i-r-l-e-y T-r-a-v-i-s, and I am here to speak in support of LB 243. I am a registered nurse and I'm also a vice president of clinical services at one of the major medical facilities in Nebraska who rely on hiring a large number of nurses to provide our patient care. But I'm here today as a board member for the Nebraska Center for Nursing. I was one of the original board members when the board was created four-and-a-half years ago, and I have served on the board continuously, and have served in a two-year term as chair and am currently the immediate past chair of the board. We were funded for five years, as you've heard, and that funding does end in July of this year. You've already heard about all of our major accomplishments that we've been able to do in a short four-and-a-half years, but we still have work to do, and a major goal yet to achieve. The current funding that we've had--enjoyed, is \$60,000 a year, and I can tell you, there are many other states that have in excess of hundreds of thousands of dollars to do the work that we're doing, so as was already stated, we're very frugal with our money, and we put it to very good use. Our board members are volunteering their time, or else they are provided by their employer, and our only expense placement is for traveling to the meetings, because we do have members from across the state. All of the rest of our money goes into the projects that we're doing, and we've been very prudent with those expenditures, and we commit to you that we will continue to do that in the future. You've already heard that the critical shortage of nurses won't hit us until another 5 to 10 years. We've made great strides in the short term. Enrollment at the schools is up; the programs are expanding, but many of us are going to be retiring in that next 5 to 10 years, and our replacement factor isn't built up yet enough to cover that. So we are asking for extension of our board, and if you want to give us more than five years, that would be delightful. We have worked really hard the first four-and-a-half years. We are committed to working really hard the next five years, and we've really addressed a lot of the issues. We still need to address faculty shortage issues, and we need to address the project of the predictive model that you've already heard Gloria talk about. Our original mission was to develop this model so that we could know where we're going in the future and quit reacting to the overages and under

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supply of nursing. There's nothing worse than supply and demand--bouncing back and forth and always being in a reactionary mode. Our mission originally was to develop that model. We've done a lot of our data collection; we've got a lot of our tools put together, but we don't have the final predictive model done yet, and that's what we're really needing to finish in the next couple of years. So I am here today to plead for your support of this, to recognize all of the work that we've done, and believe in our commitment that we can continue our process and really put Nebraska in a much better state as far as healthcare in the future. With that, I would open it up to questions.

SENATOR JENSEN: Senator Byars?

SENATOR BYARS: Just a comment. I think it's very important--I'm pretty disappointed that you didn't send colors around with a coloring book. I'd like to see some of these senators--see if they can stay in the lines. (Laughter) I would like to see that.

SHIRLEY TRAVIS: We could test you.

SENATOR BYARS: Thank you, Shirley.

SENATOR JOHNSON: Senator Byars, I think it was deliberate and kind. (Laughter)

SENATOR JENSEN: Any other questions?

SENATOR JOHNSON: Jim.

SHIRLEY TRAVIS: We wanted your full attention.

SENATOR JENSEN: Yes, Senator Johnson?

SENATOR JOHNSON: I do have a question. You referred to the difficulties in developing faculty for nursing programs, and I'm acutely aware of that. How are you doing? Is it getting worse, or staying--having the same trouble?

SHIRLEY TRAVIS: Faculty is gracefully aging. Each of our faculty is actually much above the 45. I believe it's around 55 years.

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SENATOR JOHNSON: Well, I was aware of that. Yeah.

SHIRLEY TRAVIS: And what we need to do is really start focusing on developing the current practicing nurses to extend their education in order to fulfill those roles. And we've got plans that we're developing. We're working with the deans and directors, where we have a lot of different activities going, but we're just beginning on the faculty piece of that. Funding of faculty is also a really important thing, because a lot of our nurses are working full time, and in order, then, to either cut back their work to go to school--you know, has a financial impact. So we're also looking at the funding, and there's federal activity going on with funding of faculty that we're keeping on top of, and making sure that everyone is aware of. But it is a very critical next step, also.

SENATOR JOHNSON: Well, I want you to know that we appreciate that, and I think that it's mandatory that we work together in solving this problem, because it is an acute one. And if we don't solve it, all of the other problems become that much worse.

SHIRLEY TRAVIS: Right. We appreciate that. Thank you.

SENATOR JENSEN: Thank you, Shirley.

SHIRLEY TRAVIS: Any other questions?

SENATOR JENSEN: Any other questions? Thank you for your--oh, excuse me. Senator Cunningham?

SENATOR CUNNINGHAM: Just a comment. I was looking through the calendar and just to be fair to the sexes, it would seem there would be a calendar for the women, to be fair to them.  
(Laughter)

SHIRLEY TRAVIS: Well, our mission there is to attract more males and minorities and ethnic groups into the profession, because our patient populations are changing, Nebraska is changing, and so we really want to--we have a very specific target to expand in that area, so that's why the calendar. But we could do a women's calendar; we'd just have a lot of

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controversy on what it would look like.

SENATOR JENSEN: Thank you. Anyone else wishing to testify in support? Hi.

NANCY SHIRLEY: (Exhibit 6) Good afternoon. Chairperson Jensen and Health and Human Services Committee members. I am Nancy Shirley, N-a-n-c-y S-h-i-r-l-e-y. I am the president of the Nebraska Nurses Association, and I'm here to speak in favor of LB 243. I am not going to spend any more time talking about all the accomplishments of the Center. You've already heard that from members of the Center and members of the board. What I do want to bring to your attention is that while the Center has accomplished many things since their inception, the task is not yet completed, and the challenge still exists, as we look into the near and distant future. And so we feel it is essential that the Center does continue its work. Nebraska Nurses Association represents the very nurses that pay the licensing fee of which we're looking into that fund. It's the expectation for us that the fees support the practice of nursing, the quality nursing practice in Nebraska. And we achieve that in many ways, whether it's through our regulatory process, practices, or resources. I would also assert that the continuation of this center is equally important to any of those other practices that we now have in place and are funded by our fees, and that it should be proportionately funded from these fees in the same way. I would also add a personal note. As a nursing faculty member for over 30 years, nursing faculty are much older than the average nurse, and truly, as I look through these years I see the same faculty over and over again, and we are getting older and older. And they are starting to retire, and we have fewer and fewer young people coming on and choosing nursing education as a means for their career. The need to fund nursing education and people getting into nursing education is extremely important. I know there are some other bills that will help that. But that is a very important part for the center to concentrate on. And we really need those extra five years. Thank you, Senator Byars.

SENATOR JENSEN: Thank you, Nancy. Any questions for Ms. Shirley? I don't see any. Thank you very much for

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appearing.

NANCY SHIRLEY: Thank you.

SENATOR JENSEN: Anyone else as a proponent? Anyone else in support? Anyone in opposition? Opponent? Any neutral testimony? Senator Byars, do you wish to close? He waives closing. That will conclude the hearing on LB 243. Senator Byars will open on LB 244.

LB 244

SENATOR BYARS: Thank you, Senator Jensen, members of the Health and Human Services Committee. I am Dennis Byars from the 30th Legislative District, that's Dennis, D-e-n-n-i-s, Byars, B-y-a-r-s, the 30th Legislative District, the "caring and sharing district." I'm here to introduce LB 244, similar in its simplicity to LB 243. In 2004 the Legislature adopted mandatory licensure for all occupational therapists who prior to that time had voluntary licensure that had a very high rate of compliance. The occupational therapists, in cooperation with Health and Human Services agency developed LB 941 that eventually was amended into LB 1005 and passed by our Legislature in 2004. As Health and Human Services Regulation and Licensure began the process of drafting regulations, they interpreted the bill to require that regulations be in place before an occupational therapist could use physical agent modalities. Occupational therapists who had been using these modalities for a number of years would have to suspend this as part of their therapeutic regimen, which would not only be detrimental to their patients, but to their practice as well. LB 244 seeks to correct that. We thought that we had that covered in LB 941; we did not. But LB 244 would grandfather in any person--(Baby crying)--Oh, was that my granddaughter? (Laughter) Could be. LB--see, everybody is in favor of this legislation; there's no question. (Laughter) LB 244 would grandfather in any person who was 1) practicing as an occupational therapist and administering physical agent modalities and 2) an occupational therapist assistant, setting up and implementing superficial thermal agent modalities prior to July 16, 2004, and would allow them to continue to administer such modalities until July 1,

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2006. And truly that's the simplicity of the bill. We thought we had appropriate language in LB 941; we did not, according to Health and Human Services, and so we need this legislation to correct that. And it would be doing a terrible disservice to these occupational therapists if we did not correct this immediately. So I would ask for your support of LB 244.

SENATOR JENSEN: Thank you, Senator Byars. Any questions from the committee? I don't see any. I do have a letter of support here from the Health and Human Services Regulation and Licensure, which will be entered into the record. (Exhibit 1) Is there anyone who wishes to testify in support? May I see a show of hands of how many wish to testify on this bill, either in support or in opposition? Looks like you're going to be it.

AMY LAMB: Good afternoon, Senator Jensen and members of the committee. My name is Amy Lamb, that's A-m-y L-a-m-b. Maybe the only simpler thing than the bill in front of us is the spelling of my name. Those that you see behind me are occupational therapists, I believe three of which are from Senator Byars' district, so we're glad to have them here. LB 244 does allow occupational therapists and occupational therapy assistants to use physical agent modalities while the rules and regulations for our scope of practice and licensure law are being drafted and approved by the department. The reason that there is a certification process for physical agent modalities is because our accreditation standards for OT practice do not include physical agent modalities in them, and so it was--it's something, though, that has been done in practice for OT for over 15, 20 years. Our accrediting body is currently looking at including physical agent modalities in our standards. And so, instead of restricting practice, we wanted to include them in our scope of practice, and that was approved by the Legislature last year. It's fairly straightforward. There's not a lot more that I can say on it. I'd like to thank Senator Byars and members of the committee. Senator Byars, thank you for introducing something for us again this year and working with us, and I would urge the committee to send this to General File. Any questions?

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SENATOR JENSEN: Thank you, Amy. Yes, Senator Byars?

SENATOR BYARS: Just one comment. Thank you, Amy, you've been wonderful to work with, and I haven't figured out how almost our entire occupational therapy staff at Beatrice Community Hospital got off work this afternoon, but... (Laughter)

AMY LAMB: I thought the same thing. I was impressed.

SENATOR BYARS: It must have been something I did, I'm sure. (Laughter) Thank you for being here.

SENATOR JENSEN: Any other questions of Ms. Lamb? Thank you for your testimony.

AMY LAMB: Thank you.

SENATOR JENSEN: Anyone else wish to testify in support? Anyone in opposition? Any neutral testimony? If not, that will conclude the hearing on LB 244, the hearings for the day, and the hearings for the week. (See also Exhibit 2)